

## ***TYPHOID FEVER***

### **I. IDENTIFICATION**

- A. **CLINICAL DESCRIPTION:** An illness caused by *Salmonella typhi* often characterized by the insidious onset of sustained fever, headache, malaise, anorexia, constipation or diarrhea, and nonproductive cough. However, mild and atypical infections may occur. Carriage of *S. typhi* may be prolonged.
- B. **REPORTING CRITERIA:** Laboratory confirmation.
- C. **LABORATORY CRITERIA FOR CONFIRMATION:**
- Isolation of *S. typhi* from blood, stool or other clinical specimens; serologic evidence alone is not sufficient for diagnosis.
- D. **KENTUCKY CASE DEFINITION:** A clinically compatible case that is laboratory confirmed.

### **II. ACTIONS REQUIRED / PREVENTION MEASURES**

- A. **KENTUCKY DISEASE SURVEILLANCE REQUIRES URGENT NOTIFICATION:** REPORT TO THE LOCAL OR STATE HEALTH DEPARTMENT **IMMEDIATELY** upon recognition of a case or suspected case in a time period not greater than 24 hours. If health department personnel cannot be contacted directly, notification shall be made by telephone to the emergency number of the Division of Epidemiology and Health Planning: **1-888-973-7678**.
- B. **EPIDEMIOLOGY REPORTS REQUESTED:**
1. Kentucky Reportable Disease Form – EPID 200 (Rev 01/03).
  2. Typhoid Fever Surveillance Report - CDC 52.5.
- C. **PUBLIC HEALTH INTERVENTIONS:**
- Educate public about proper hand washing after toileting or handling contaminated clothing or linens, before cooking, or associating with high -risk individuals.
  - Assess patient's activities for high -risk settings.
  - Enteric precautions while ill.
  - Exclude patient from food handling and patient care until at least 3 negative cultures taken at least 24 hours apart and at least 48 hours after any antibiotic, and not earlier than one month after onset.

- If any of these cultures is positive, repeat cultures at intervals of one month until at least 3 consecutive negative cultures are obtained.
- If patient also has schistosomiasis, also do urine cultures.
- Household and close contacts should be excluded from food handling occupations until at least 2 negative fecal and urine cultures, taken at least 24 hours apart, are obtained.
- Source investigation by LHD. Obtain travel history; all travel companions should be contacted and interviewed.
- Asymptomatic carriage should **NOT** be reported as typhoid fever.

### **III. CONTACTS FOR CONSULTATION**

- A. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, COMMUNICABLE DISEASE BRANCH: 502-564-3261.
- B. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, SURVEILLANCE AND HEALTH DATA BRANCH: 502-564-3418.
- C. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, DIVISION OF LABORATORY SERVICES: 502-564-4446.

### **IV. RELATED REFERENCES**

1. Chin, James, ed. TYPHOID FEVER. In: Control of Communicable Diseases Manual. 17<sup>th</sup> ed. Washington, DC: American Public Health Association, 2000: 535 - 541.
2. Peter G, ed. Salmonella Infections. In: 1997 Red Book: Report of the Committee on Infectious Diseases. 24<sup>th</sup> ed. Elk Grove Village, IL: American Academy of Pediatrics, 1997: 462-468.